| | | | | Application or Docket Number | | | | |
|---|------------------------------------|--------------------------------|-----------------|------------------------------|-------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Ellective October 1, 2003 /D /6025/5 | | | | | | | | |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAI (Column 1) (Column 2) TYPE OR SMALL ENTITY OR SMALL ENTITY | | | | | | | | |
| TOTAL CLAIMS | .6 | | RAT | E FEE |] | RATE | FEE | |
| FOR | NUMBER FRLED | NUMBER EXTRA | BASIC | FEE 385.00 | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | <i>(</i> minus 20= | • • • | `.xs |)= · | OR | X\$18= | | |
| INDEPENDENT CLAIMS | minus 3 = | | X43 | = | OR | X86= | | |
| MULTIPLE DEPENDENT CLAIM-PRESENT | | 4745 | | 3.4 | .290. | _ | | |
| * If the difference in column 1 is less than zero, enter *0* in column 2 | | | | AL | ОЯ | TOTAL | ···- | |
| Column 1) (Column 2) (Column 3) | | | SMA | OTHER THAN | | | | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGHE NUMB PREVIO PAID F | BER PRESENT FUSLY EXTRA | RAT | ADDI- E TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | | 10 / | XC. | ! | 1.5 | X(18± | | |
| Independent . | , | 3 | J X43 | = . | OR | X86= | · | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | +145 | = . | OR | +290= | | | |
| | | | TO ADDIT. F | | los: | TOTAL ACDIT, FES | | |
| 9-7-05 (Column 1) (Column 3) (Column 3) | | | | | | | | |
| CLAIMS REMAINING | HIGHE NUMB PREVIO PAJO F | ER PRESENT | RATT | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total Independent Independent | phipus . | | X\$ 9 | - | OR | X\$18= | · | |
| Independent . | Minus December | | X43 | | or | X86= | | |
| FIRST PRESENTATION OF IM | JETIPLE DEPENDENT | COAM | +145 | = 1 | OR | +290= | | |
| | | | TOT ADDIT. F | | OR | TOTAL ADDIT. FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | |
| CLAIMS REMAINING | HIGHE NUMB PREVIOI PAID F | ST ER PRESENT USLY EXTRA | RATE | ADDI- | | RATE | ADDI- TIONAL FEE | |
| AFTER AMENDMENT Total Indep ndent Total Total Total | lainus •• | = | X\$ 6 | | OR | X\$18= | | |
| Indep ndent • | Minus *** | = | X43= | | OR | X86= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | AL . | OB. | TOTAL ADDIT, FEE | | |
| The Highest Number Previously Paid For In THIS SPACE is less than 20, enter 20. ADDIT, FEE. ADDIT, FEE. ADDIT, FEE. ADDIT, FEE. | | | | | | | | |